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VIA FACSIMILE (703)872-9306

9D-EC-19337  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Kevin Michael Ruppelt et al. :  
Serial No.: 09/480,344 : Art Unit: 3625  
Filed: January 10, 2000 : Examiner: Akers, Geoffrey R  
For: METHOD AND APPARATUS :  
FOR PRODUCT SELECTION :  
ASSISTANCE :

AMENDMENT

Mail Stop: AF  
Hon. Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated September 3, 2004, please amend the above identified application as follows.

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**ARMSTRONG TEASDALE LLP**

One Metropolitan Square, Suite 2600  
St. Louis, Missouri 63102-2740  
Phone: (314) 621-5070  
Fax: (314) 621-5065  
www.armstrongteasdale.com

**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE  
UNITED STATES PATENT AND TRADEMARK OFFICE**

**DATE: November 02, 2004**

**Examiner: Akers, Geoffrey R.** : **RE: U.S. Patent Application**  
**Art Unit: 3625** : **Serial No.: 09/480,344**  
**Fax: 703-872-9306** : **Applicant: Kevin Michael Ruppelt et al.**  
**From: Thomas M. Fisher** : **Atty. Dkt. No.: 9D-EC-19337**

**DOCUMENTS SUBMITTED WITH TRANSMISSION:**


**Amendment Transmittal (3 pgs.)**  
**Amendment in Response to Office Action dated September 3, 2004 and Made Final (28 pgs.)**  
**Fax Transmittal (1 pg.)**

**Total pages including cover page: 32**  
**If all pages are not received, please contact: Linda Johnson at Ext. 7229**

**RE: The above referenced U.S. Patent Application**  
**Title: METHOD AND APPARATUS FOR PRODUCT SELECTION ASSISTANCE**  
**Filed: January 10, 2000**

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,  
Facsimile Number 703-872-9306 on the date shown above.

  
Thomas M. Fisher, Reg. No.: 47,564

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PATENT

Attorney Docket No.: 9D-EC-19337

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kevin Michael Ruppelt et al. :  
Serial No.: 09/480,344 : Group No.: 3625  
Filed: January 10, 2000. : Examiner: Akers, Geoffrey R.  
For: METHOD AND APPARATUS :  
FOR PRODUCT SELECTION :  
ASSISTANCE :

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:  
Fax Cover Sheet (1 pg.)  
Amendment Transmittal (3 pgs.)  
Amendment in response to Office Action dated September 3, 2004 and Made Final (28 pgs.)

STATUS

2. Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS

Express Mail No.

Date:

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

\_\_\_\_\_  
Attorney Name, Reg. No.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 430.00	\$ 215.00
<input type="checkbox"/> third month	\$ 980.00	\$ 490.00
<input type="checkbox"/> fourth month	\$1,530.00	\$ 765.00
<input type="checkbox"/> fifth month	\$2,080.00	\$1,040.00
	Fee Due	\$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_.

**OR**

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL		MINUS		=	x \$9 = \$		x \$18 = \$
INDEP.		MINUS		=	x \$44 = \$		x \$88 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$150 = \$		+ \$300 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

**FEE PAYMENT**


5. ☐ Attached is a check in the sum of \$  
☐ Charge Deposit Account No. 01-2384 the sum of \$  
A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.  
7. ☐ Other:

  
Thomas M. Fisher  
Reg. No. 47,564  
ARMSTRONG TEASDALE LLP  
One Metropolitan Square, Suite 2600  
St. Louis, MO 63102  
314/621-5070